



1049 U.S. PTO

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PTO/SB-05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. HO-P02206US0
		First Inventor Michael J. Wilson
		Title WEIGHT MANAGEMENT SYSTEM FOR, etc.
		Express Mail Label No. EU186311495US
APPLICATION ELEMENTS		
See MPEP chapter 600 concerning utility patent application contents		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit on original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 20] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, e table, or computer program listing appendix - Description of the invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.66</p> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No _____</p> <p>For application information: Examiner _____ Group / Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		
ACCOMPANYING APPLICATIONS PARTS		
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>15. <input type="checkbox"/> Foreign priority claimed</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>		
19. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		26,271
		or <input checked="" type="checkbox"/> Correspondence address below
Name	FULBRIGHT & JAWORSKI L.L.P. Elizabeth A. Hart	
Address	1301 McKinney, Suite 5100	
City	State	Zip Code
Country	Telephone	Fax
Name (Print/Type)	Elizabeth A. Hart	
Signature		

Transmittal-New Utility Patent Application

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EU186311495US, in an envelope addressed to: Box Patent Application, Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: January 22, 2002

Signature: (Linda A. Bourg)

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FEE TRANSMITTAL for FY 2002

Patient fees are subject to annual revision.

Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,742.00)

METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)									
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None		3. ADDITIONAL FEES									
<input type="checkbox"/> Deposit Account						Large Entity	Small Entity	Fee Description				Fee Paid			
Deposit Account Number	06-2375					Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)						
Deposit Account Name	Fulbright & Jaworski L.L.P.														
The Commissioner is hereby authorized to: (check all that apply)															
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments					105	130	205	65	Surcharge – late filing fee or oath					
<input checked="" type="checkbox"/> Charge any additional filing fee(s)						127	50	227	25	Surcharge – late provisional filing fee or cover sheet.					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						139	130	139	130	Non-English specification					
FEE CALCULATION															
1. BASIC FILING FEE															
Large Entity	Small Entity	Fee Description													
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Paid											
101	740	201	370	740.00											
106	330	206	165	Design filing fee											
107	510	207	255	Plant filing fee											
106	740	208	370	Reseue filing fee											
114	160	214	80	Provisional filing fee											
SUBTOTAL (1) (\$ 740.00)															
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE															
Extra claims				Fee from filing fee	Fee Paid										
Total Claims	57	-20* =	37	x 18.00	= 666.00										
Independent Claims	7	-3** =	4	x 84.00	= 336.00										
Multiple Dependent															
SUBTOTAL (2) (\$ 1,002.00)															
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0.00)															
**or number previously paid, if greater. For Reissues, see above															
SUBMITTED BY															
Name (Print/Type)	Elizabeth A. Hart			Registration No. (Attorney/Agent)	P-50,931			Telephone	(713) 651-5698						
Signature	<i>Elizabeth A. Hart</i>			Date	January 22, 2002										

Fee Transmittal

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